

Counseling Guide Infant-Breastfeeding

Health Outcome: Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.

Suggested Open Ended Questions	Suggested Affirming Statements	Suggested Nutrition Education Statements
Breastfeeding Basics <ul style="list-style-type: none"> How do you feel breastfeeding is going? What has your doctor told you about breastfeeding? What do you know about breastfeeding? What do you know about positioning and latching your baby? What do you know about skin-to-skin contact? How do you know when your infant is finished nursing? 	<ul style="list-style-type: none"> Congratulations on choosing to give your baby the best start. Bringing a new baby home from the hospital can be scary. It sounds like you are off to a good start. It sounds like you already know quite a bit about breastfeeding. It sounds like you have a good understanding on how to position and latch your baby. Learning to position and latch a baby can seem awkward at first. Sometimes mothers have difficulties with latching at first. The first two weeks is the most difficult. I am glad you found breastfeeding to be a great way to bond with your baby. Sounds like breastfeeding is working well for you. Sounds like you are doing a great job responding to your baby's needs. 	<p>Encourage:</p> <ul style="list-style-type: none"> Mothers to find a comfortable place for breastfeeding. Special equipment is not necessary, but pillows and a footstool can make her more comfortable. Skin-to-skin contact between mother and baby. This reduces crying, improves mother-baby interaction and helps facilitate breastfeeding. <p>Discuss: Emphasize that the way a mother holds her infant and positions the baby is important for successful breastfeeding. It is important for a mother to hold her baby close, with the baby's chest facing her. The baby's body should be in a straight line.</p> <p>Breastfeeding positions</p> <ul style="list-style-type: none"> Cradle Hold and Cross Cradle Hold Lying down or side-lying Football hold or clutch hold <p>Steps for latching a baby:</p> <ul style="list-style-type: none"> Start each feeding on the breast that is fullest or alternate the breast that you begin feedings with. Support the breast with the mother's thumb on top and fingers underneath, in the shape of the letter "C". Tickle the baby's lower lip with the mother's nipple. When the baby's mouth opens wide like a yawn, the mother should quickly bring the baby in close to the breast with the nipple pointing slightly to the roof of the baby's mouth. The baby's chin should be firmly pressed into the mother's breast. It is important that the baby has the nipple and large part of the areola in their mouth with their lips sealed around the areola. The baby's top and bottom lip should be turned out. If the infant is not attached properly, the mother needs to repeat the attachment procedure until her infant is attached correctly. <p>Coming off the breast: the mother can either wait until the baby stops suckling or she may break the suction by slipping her finger between the baby's mouth and the breast. See NTM Section 4.3.4</p>

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<p>Feeding Patterns</p> <ul style="list-style-type: none"> • How do you know when your baby is hungry? • How do you respond to your baby's crying? • What is your baby's typical feeding pattern? • What do you know about how often a baby should be fed? <p>Monitoring Intake</p> <ul style="list-style-type: none"> • How do you know that your baby is getting enough to eat? • How do your breasts feel before and after a feeding? • How many wet and dirty diapers does your baby have in a 24-hour period? • Describe what a dirty diaper looks like. <p>Anthropometric</p> <ul style="list-style-type: none"> • How do you feel about the way your baby is growing? • What has your healthcare provider told you about your baby's growth? • How has breastfeeding changed since 	<ul style="list-style-type: none"> • It can be difficult determining what your baby is wanting. • It is obvious that your baby trusts you to take care of his/her needs. • At first it can seem like your baby is nursing all the time. • I know it is hard to wake a sleeping baby. • It is good that you are allowing your baby to decide when it is time to eat. • Many women are concerned about making enough milk. • It sounds like your baby is getting plenty of breast milk. • The feeling you are experiencing in your breasts is normal. • I can see why not being able to see how much milk your baby is getting can cause some concern. • It sounds like your baby has plenty of dirty diapers. • Your baby is growing very well. • I understand your concern with your baby's weight gain. • I understand wanting to compare your baby's growth with other 	<p>Feeding Cues</p> <p>Mother's should be encouraged to feed on demand. Infants should be fed when they show signs of hunger.</p> <ul style="list-style-type: none"> • Rooting reflex • Hand-to-mouth activity (e.g., sucking on hands) • Smacking of lips • Small fussing sounds • Pre-cry facial grimaces • Crying (late sign of hunger, this should be avoided) <p>Frequency and Duration</p> <ul style="list-style-type: none"> • Feed baby 8-12 times per day. • Baby should not go longer than 2 -3 hours between feeds during the day. • Wake baby to feed if sleeps longer than 4 hours. <p>Mothers should allow their baby to nurse on the first breast as long as they wish before offering the second breast. Babies do not have to nurse on both breasts at each feeding.</p> <p>Indicators an infant is getting enough milk:</p> <ul style="list-style-type: none"> • Gains weight consistently. • Breastfeeds frequently and is satisfied after each feeding. Wakes to feed. • Can be heard swallowing consistently (in a quiet room) • Mother's breasts soften during the feeding. • Has plenty of wet and soiled diapers: <ul style="list-style-type: none"> ➢ 4-8 wet and 3 soiled diapers in first 3 to 5 days ➢ 6 or more wet and 3-4 soiled diapers by 5 to 7 days ➢ After 6 weeks, the number of bowel movements can vary from less than once to many per day. • By day 5, bowel movements of breastfed infants should transition in color and consistency. They should be yellow or mustard color, seedy and watery. <p>It is helpful to keep a daily log of nursing sessions and wet and dirty diapers for the first two weeks.</p> <p>See NTM Sections 4.3.5 and 4.3.6</p> <p>Infant growth</p> <ul style="list-style-type: none"> • Discuss the infant's growth chart and explain that breastfed babies can grow differently than formula fed babies. • Weight loss is common during the first 3 or 4 days of life as the infant passes his first stools and eliminates extra fluids.
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<p>you have come home from the hospital?</p> <ul style="list-style-type: none"> How do you feel about your milk supply? <p>Sore Nipples</p> <ul style="list-style-type: none"> Tell me what it feels like when your baby latches onto your breast. Describe the pain you are experiencing. What has the doctor told you to do about sore nipples? What has your doctor told you to do about thrush? What are some of the comfort measures you have tried? What treatments for sore nipples are working for you? <p>Engorgement</p> <ul style="list-style-type: none"> What do you know about engorgement? What are some of the comfort measures you have tried for engorgement? 	<p>babies the same age.</p> <ul style="list-style-type: none"> It is easy to interrupt a growth spurt as not having enough milk. I understand how concerning it is to have your infant want to nurse all the time. <p>Sore nipples are a common breastfeeding concern.</p> <ul style="list-style-type: none"> You have done such as good job breastfeeding, despite the challenges you have had. Thrush is common and is easily treated. Sore nipples can be painful, but there are some things you can do to be more comfortable while your nipples are healing. Your doctor has given you some good ideas on how to treat your sore nipples. <p>Engorgement can be uncomfortable, but is easily treated.</p> <ul style="list-style-type: none"> It can feel odd when your milk first comes in. 	<ul style="list-style-type: none"> The infant should exceed his birth weight by 10-14 days after birth. Reinforce how to know that an infant is getting enough breast milk. <p>Appetite/Growth Spurts:</p> <ul style="list-style-type: none"> A short period of time when an infant is breastfeeding more often. Seen around 8-12 days of age and 6 weeks, 3 months and 6 months. Many women associate this with not producing enough milk and begin to supplement, feed complimentary food or stop breastfeeding. Encourage mother to nurse more often to increase supply. Refer mother to infant's healthcare provider if infant's weight gain is inadequate. See NTM Section 4.3.7 <p>Sore nipples can be caused by several factors:</p> <ul style="list-style-type: none"> <i>Incorrect positioning and latch-on to the breast-</i> if a good portion of the areola is not in the infant's mouth the nipple can become irritated. <i>Inappropriate breast care practices-</i>instruct mothers to avoid harsh soaps, use a properly fitting nursing bra and use breast pads. <i>Inappropriate frequency and duration of breastfeeding-</i>an overly hungry infant can traumatize the nipple by sucking too vigorously. <i>Thrush Infection on the nipples-</i>pain is described as itching and burning and the skin may become pink and flaky. Thrush may also appear as white spots on the inside of the infant's mouth. Refer mother to a healthcare provider for treatment. <p>Comfort Measures for Sore Nipples</p> <ul style="list-style-type: none"> Begin the feeding on the breast that is least sore. Alternate the way the baby is held when nursing to change the direction of the pressure on the nipple. Apply a warm washcloth on the breast before the feeding to soften the breasts, then express some milk to stimulate "let-down", so the baby will not have to suck as hard in the beginning of the feeding. After a feeding, express a small amount of breast milk and place on the nipple to form a protective shield. A small amount of modified lanolin may be applied to the damaged area to aid in healing and to decrease soreness. (Does not need to be washed off before nursing.) Refer mother to her healthcare provider for appropriate pain medication. See NTM Section 4.3.7 <p>Engorgement:</p> <ul style="list-style-type: none"> Occurs due to infrequent or ineffective removal of milk from the breasts. Breasts will feel full, hard, warm, tender and painful. Difficult to attach the infant to the breast because the nipple and areola become very taut and hard to grasp. Associated with abrupt changes in breastfeeding frequency.
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<ul style="list-style-type: none"> • Tell me about any changes you may have made to your diet recently? • Tell me about how your infant has been feeling? <p>Biting</p> <ul style="list-style-type: none"> • What challenges have you encountered with breastfeeding now that your baby is older? • What do you know about breastfeeding a baby that is cutting teeth? <p>Complementary Bottles</p> <ul style="list-style-type: none"> • Why do you feel that you need to supplement your infant's diet with formula? • What do you provide to your infant other than breast milk? • Tell me about your infant's pacifier use. <p>Expressing/Storing Breast Milk</p> <ul style="list-style-type: none"> • What are your plans to return to work (or school)? • How supportive is your employer (or school) about providing a place for you to pump? • What do you know about pumping or expressing breast milk? 	<ul style="list-style-type: none"> • with the baby wanting to wean. • Many women have never heard of an infant going on a nursing strike. • I am sorry to hear your infant has not been feeling well. • Many women are concerned about breastfeeding, once their baby has teeth. • Being bit by your infant while breastfeeding not only startles you, but also is very painful. • I understand that you want to make sure your infant is getting enough to eat. • I can understand why using a pacifier has been helpful. • A fussy baby can be challenging. • Going back to work with a new baby can be challenging. • Being separated from your baby can be difficult. • I am glad your employer has provided a place for you to pump. • Other mothers have had the same 	<ul style="list-style-type: none"> • Infant nasal congestion • A mother returning to work or a period of separation <p>Encourage:</p> <ul style="list-style-type: none"> • To continue putting infant to breast • Increase the amount of time holding, including skin-to-skin contact • Minimize distractions while nursing. • Mothers should pump or hand express to maintain their milk supply. • Provide breast milk to a baby in a cup, spoon or dropper until breastfeeding resumes. <p>Nursing strikes can last for several feedings to several days. See NTM Section 4.3.7</p> <p>Biting</p> <ul style="list-style-type: none"> • Many infants' teeth start to come in around 4 months of age. This is not a reason to stop breastfeeding. • Remind the mother that if the baby is positioned and latched correctly, it will be harder for the baby to bite. • If her baby should bite, encourage the mother to remove the baby from the breast and tell the baby "no" firmly. The infant will soon learn that biting brings an end to breastfeeding and the biting will stop. <p>Complementary Bottles</p> <p>To establish a good milk supply, advise mothers to avoid feeding complimentary bottles of infant formula and water or using a pacifier for the first 2 to 4 weeks month to prevent the following:</p> <ul style="list-style-type: none"> • Nipple preference • Engorgement • Refusal of the breast • Early weaning <p>Remind the mother that WIC does not routinely provide formula the first month to breastfeeding infants in order for her to build her milk supply.</p> <p>Expressing Breast Milk</p> <p>A woman may need to express breast milk under the following circumstances:</p> <ul style="list-style-type: none"> • Premature or hospitalized infant or mother • Infant with feeding or latching difficulties • Low milk supply • Mother of multiple infants • Temporary problems such as engorgement or medications contraindicated for breastfeeding
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<ul style="list-style-type: none"> • What is your pumping schedule? • What do you know about storing breast milk? • How do you store your breast milk? • What do you do with breast milk that is left in the bottle? • What does your childcare provider know about storing breast milk? 	<p>challenges that you have with your employer.</p> <ul style="list-style-type: none"> • I can see why pumping and storing breast milk can seem complicated at first. 	<ul style="list-style-type: none"> • Returning to work or school <p>See NTM 4.3.9</p> <p>Storing Expressed Breast Milk</p> <ul style="list-style-type: none"> • Store expressed milk in clean glass bottles, rigid plastic bottles or disposable plastic nursing bags tightly capped after filling. • Clean used bottles and their parts with soap and hot water. If the infant is less than 3 months old, sterilize those items in boiling water or wash in a dishwasher before reusing. • Store breast milk in the back of a properly functioning refrigerator at ≤ 39 degrees F. Use within 48 hours. (see NTM Section 4.3.8 about other storage recommendations) • Frozen breast milk can be stored in the back of a properly functioning freezer at 0 degrees F for up to 3 to 6 months. • Once thawed, frozen breast milk should be refrigerated and used within 24 hours. It should not be refrozen. Throw away any milk left in the bottle after a feeding. <p>See NTM 4.3.9</p>
<p>Maternal Smoking</p> <ul style="list-style-type: none"> • What do you know about breastfeeding and smoking? • What have you tried to decrease the number of cigarettes you smoke? • Tell me about other family members who smoke. <p>Alcohol/Caffeine/Medications</p> <ul style="list-style-type: none"> • Tell me about the amount of alcohol you consume. • Tell me about the caffeinated drinks you consume. • What kind of over-the-counter medications do you take? • What medications has your doctor 	<ul style="list-style-type: none"> • I am glad to see you have cut down on the number of cigarettes you smoke per day. • Sounds like you are concerned about how smoking will affect your baby. • I understand that trying to quit smoking is very difficult to do. • Sounds like you are concerned about how drinking alcohol may affect your baby. • I am glad you are concerned about how foods in your diet can affect your baby. • A lot of people like to have their coffee in the morning. • It is good that you are concerned about how medications you are taking may affect your baby. 	<p>Maternal Smoking</p> <p>A mother who smokes can still provide her infant with the benefit of breastfeeding, but the following should be considered:</p> <ul style="list-style-type: none"> • Breastfeeding mothers should be encouraged to quit or reduce the number of cigarettes they smoke. • Mothers should not smoke while breastfeeding or around their infant. • If a mother must smoke, she should refrain from smoking until after the feeding so that nicotine levels will have time to decrease before the next feeding. <p>Alcohol</p> <ul style="list-style-type: none"> • It is recommended that mothers avoid habitual use of alcohol while breastfeeding. • Mothers who want to occasionally consume alcoholic beverages should wait at least 2 hours before breastfeeding their infants. <p>Caffeine</p> <p>Mothers should be encouraged to avoid drinking more than 2-3 cups of coffee, hot chocolate, tea or soft drinks containing caffeine per day. Over consumption of caffeine can cause the baby to become fussy.</p> <p>Other Drugs</p> <ul style="list-style-type: none"> • Instruct mothers to talk to their health care provider before taking any drugs or medicines, even over the counter drugs like aspirin, cold medicines and vitamin supplements.

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<p>prescribed?</p> <ul style="list-style-type: none"> What are your plans to begin using oral contraceptives? <p>Weaning</p> <ul style="list-style-type: none"> What are your plans for weaning your baby? Why do you feel you need to wean your baby at this time? <p>Supplements (Infant)</p> <ul style="list-style-type: none"> Tell me about any vitamin or herbal remedies you give your infant. What has your doctor said regarding vitamin and fluoride supplementation? <p>Safe Sleep</p> <ul style="list-style-type: none"> Where does your baby sleep? How do you lay your baby down to sleep? What do you know about safe sleep and the prevention of SIDS? What does your childcare provider know about safe sleep? <p>Physical Activity</p> <ul style="list-style-type: none"> Tell me about your infant's play. What kind of things does your baby 	<ul style="list-style-type: none"> I understand how confusing it is when you get contradictory information on what medications are safe for a breastfeeding woman. I am glad you confided in me on your use of illicit drugs. <ul style="list-style-type: none"> You did such a wonderful job breastfeeding as long as you did. You can feel good that you gave your baby the best start in life. <ul style="list-style-type: none"> It sounds like you want your baby to be healthy. Many mothers are not aware it is recommended for exclusively breastfed babies to receive vitamin D. <ul style="list-style-type: none"> It sounds like you want to be close to your baby. Getting up during the night to feed your baby can be challenging. Many mothers are concerned about SIDS. <ul style="list-style-type: none"> I can tell you enjoy interacting with your baby. 	<ul style="list-style-type: none"> If a mother's doctor is prescribing a medication (including oral contraceptives), remind her to let her healthcare provider know she is breastfeeding. Use of illicit drugs is contraindicated to breastfeeding due to the potential effects on the infant as well as hazards to the mother. <p>See NTM Section 4.3.9</p> <p>Weaning</p> <ul style="list-style-type: none"> Should be gradual to prevent discomfort. Mothers can wean their infant by replacing feedings from the breast with feedings of infant formula (or whole cow's milk if over 1 year of age). The first feeding to replace is the one which the infant is least interested or when the breasts do not feel full. Gradually, other feedings can be dropped. If an infant is ready, they can be weaned to a cup and/or a bottle. Even though mostly weaned, an infant can still be breastfed just for comfort. <p>See NTM Section 4.3.10</p> <p>Vitamin D</p> <p>The AAP recommends that all exclusively breastfed infants should receive 200IU of oral vitamin D drops daily beginning at 2 months of age continuing until they consume 500 ml (a little more than 2 cups) of vitamin D fortified milk.</p> <p>An infant consuming inappropriate amounts of vitamin, mineral or herbal remedies not prescribed by a physician is at risk for a variety of adverse effects. Refer mothers to their healthcare provider regarding any vitamin or mineral supplementation for their infant (including fluoride supplementation when the infant is 6 months of age).</p> <p>See NTM Section 4.1.2</p> <p>The following guidelines from the AAP on safe sleep should be recommended:</p> <ul style="list-style-type: none"> Babies should be placed on their backs during naps and at nighttime. The safest place for a baby to sleep is in the same room as the mother in a safety approved crib or bassinet, with a firm mattress and well fitting sheet, near the mother's bed (within arm's reach). The crib or bassinet should be free from toys, soft bedding, fluffy blankets, comforters, pillows, stuffed animals and wedges. Remind caregivers to discuss safe sleep guidelines with their infant's childcare provider. <p>See NTM Section 4.9</p> <p>Encourage:</p> <ul style="list-style-type: none"> Interaction with the infant that helps her explore her environment. Placing infant in safe settings that facilitate physical activity and do not restrict
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do/play with?		
<ul style="list-style-type: none"> What do you know about how infants learn to do things? <p>Oral health</p> <ul style="list-style-type: none"> Tell me what you know about cleaning your baby’s mouth and teeth. What are some things you do to keep your baby from getting tooth decay? 	<ul style="list-style-type: none"> You’re offering your baby good opportunities to explore. <ul style="list-style-type: none"> Many parents don’t know that it’s important to clean the gums even before teeth appear. Brushing an infant’s teeth is not easy. <ul style="list-style-type: none"> It takes some patience to teach drinking from a cup. It’s natural to want to give your baby foods that you enjoy. I can see you care about your baby’s health. <ul style="list-style-type: none"> A lot of people don’t realize how important it is to keep baby teeth healthy. 	physical activity for prolonged periods of time. <ul style="list-style-type: none"> Limit the use of infant equipment (infant seats, high chairs, swings, bouncers, exersaucers, etc.) and encourage movement in a safe environment. See NTM Section 4.8 Encourage appropriate cleaning: <ul style="list-style-type: none"> Before teeth appear: Infant’s mouth should be wiped out gently and the gums massaged with a clean damp gauze pad or washcloth after feedings or at least twice a day, including before bedtime. Once teeth appear, teeth should be cleaned well after each feeding or at least twice a day, including before bedtime. To clean the teeth, a very small, child-size toothbrush with soft, rounded end bristles may be used with extreme care. Use water only. Continue using a clean damp gauze pad or washcloth to clean those areas in the mouth without teeth. See NTM Section 4.7.1 Discuss appropriate bottle feeding and avoidance of simple sugars: <ul style="list-style-type: none"> Bottles should be used for feeding infant formula or expressed breast milk only. 100% pasteurized fruit juice should be given only in a cup. Drinking from a cup will be messy at first and the caregiver will need to be patient. Sweetened beverages should not be given to an infant in bottle or cup. The infant should instead be fed more nutritious beverages that will help them grow. Infants should not be allowed to walk around or sit alone with a bottle or spill-proof cup for long periods. The bottle should only be offered at feeding time, not when going to bed, to sleep or for a nap. Infants should never be given a pacifier dipped in honey, syrup or sugar. Infant should not be given any concentrated sweet food such as: lollipops, sweet candies, candy bars, sweet cookies or cakes or sweetened cereals. Sweeteners should not be added to foods. See NTM Section 4.7.3 Encourage: <ul style="list-style-type: none"> Caregiver to take the infant to their health care provider or a pediatric dentist for a dental check by 12 months of age. If there seems to be dental problems or decay before that age, the infant should see a health care provider as soon as possible. See NTM Section 4.7
<ul style="list-style-type: none"> When do you plan to take your baby for their first visit to the dentist? 		

Suggested Participant Resources: #232/232, “Breastfeeding, Getting Started in 5 Easy Steps”; #946, “Breast milk Storage for Later Use”